CLAIMS ONLY

Application Number	Filing Date
10-626295	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
~~5~~							55						
~~6~~							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
~~14~~							64						
~~15~~							65						
16							66						
17							67						
18							68						
19							69						
20							70						
~~21~~							71						
~~22~~							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
~~29~~							79						
30							80						
~~31~~							81						
32							82						
33							83						
~~34~~							84						
~~35~~							85						
~~36~~							86						
~~37~~							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	22						Total Depend						
Total Claims	26						Total Claims						